

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State
03-02-2000 90097 021 ***158.75

DOCUMENT # F97000005929

1. Entity Name
GENESIS ELDERCARE ADULT DAY HEALTH SERVICES, INC

Principal Place of Business Mailing Address
E. STATE STREET 101 E. STATE STREET
11 SQUARE PA 19348 KENNETT SQUARE PA 19348-3109

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **23-2877674** Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CCEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, MICHAEL R		NAME		
STREET ADDRESS	101 E. STATE STREET		STREET ADDRESS		
CITY-ST-ZIP	KENNETT SQUARE PA 19348		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, RICHARD R		NAME		
STREET ADDRESS	101 EAST STATE STREET		STREET ADDRESS		
CITY-ST-ZIP	KENNETT SQUARE PA 19348		CITY-ST-ZIP		
TITLE	VCOO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARR, DAVID C		NAME		
STREET ADDRESS	101 E. STATE STREET		STREET ADDRESS		
CITY-ST-ZIP	KENNETT SQUARE PA 19348		CITY-ST-ZIP		
TITLE	VCFO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGER, GEORGE V JR.		NAME		
STREET ADDRESS	101 E. STATE STREET		STREET ADDRESS		
CITY-ST-ZIP	KENNETT SQUARE PA 19348		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEON, JAMES V		NAME		
STREET ADDRESS	101 E. STATE STREET		STREET ADDRESS		
CITY-ST-ZIP	KENNETT SQUARE PA 19348		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUNDERLAND, RICHARD		NAME		
STREET ADDRESS	515 FAIRMOUNT AVE		STREET ADDRESS		
CITY-ST-ZIP	TOWSON MD 21286		CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James V. McKeon* Date: 2/15/00 Daytime Phone #: (610) 444-6350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)